

REPLACEMENT SITE SEARCH LOG

Project Title:	Parcel No.:
Displacee Name:	Displacee No.:

Date	Activity / Description of Professional Services / Place of Search / Person Contacted	Number of Search Hours	Pre- Approved Hourly Rate	Mileage	Mileage Rate	Meals / Lodging	Total \$

Note: The maximum payment for Replacement Site Search Costs is \$2,500 per WAC 468-100-301(7)(p).

Signature of
Displaced Person_____ **Date:** _____